



Use of this supplement is appropriate when submitted with, or subsequent to the submission of, complete application information. Liquor liability coverage may be considered only if the general liability coverage is written by or being submitted to ASI under the CGL or BOP form.

Applicant _____

For last 12 months indicate Food Sales \$ _____ Liquor Sales \$ _____

Hours of Operation for Dining Area _____ Bar _____

Seating capacity for Dining Area _____ Bar _____

Describe established guidelines regarding proper ID verification, methods used to recognize overconsumption, and appropriate procedures for handling difficult, liquor-related situations. If guidelines are written, please attach copy.

Describe training provided for servers — type and frequency. Have any employees attended seminars prepared by the state or TIPS (Training in Intervention Procedures for Servers of Alcohol) or other recognized organizations? If so, describe.

Are age limits posted? _____ If so, attach copy.

Describe promotions such as “2 for 1” and “Happy Hour” specials and frequency. _____

Live entertainment on premises? _____ If so, describe type and frequency _____

Is the establishment a large capacity “sports bar” with a high percentage of liquor sales? _____

Is the availability of big-screen televisions used (through newspaper advertising or yellow page ads, for example) to draw crowds for viewing sporting events of local interest? _____

Describe any liquor liability claims made or sustained in the last five years _____

Has the applicant ever been in violation or fined by the liquor control board? _____ If yes, explain nature of violation and corrective measures implemented. _____

Do you sublease space? Yes No

Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**